

# **Behavioral Health Needs in the Criminal Justice System**

# **Colorado Department of Corrections**

Leonard E. Woodson III MS, LPC Assistant Director of Clinical Services

**Behavioral Health Transitional Task Force** 

#### **Behavioral Health Needs in the Criminal Justice System - DOC**

# **Objectives**

- Outline the behavioral health needs of the DOC population
- Overview of how behavioral health needs are addressed
- Transition to community and continuity of care
- Explore the gaps in needs in DOC and in transition to community



# Clinical Assessment in DOC How We Identify Needs

# **Denver Reception and Diagnostic Center (DRDC)**

- Medical, Dental, Psychiatric, Mental Health, SUD
- Intake Diagnostic Programmers
- Medical Records Techs
- 5 level needs assessment





### Behavioral Health Needs – Moderate to Severe

	Male	Female	Total**
Intellectual/Developmental	194	12	206 (1.3%)
Sex Offender	4,111	54	4,165 (27%)
Substance Abuse	9,622	877	10,499 (68.2%)
Mental Health	4,590	970	5560 (36.1%)
Serious Mental Illness*	995	222	1,217 (7.9%)

## **Co-occurring Needs**

	Male	Female	Total
Drug & Alcohol/Mental Health	3,318	726	4,044 (25.1%)

<sup>\*</sup>Serious Mental Illness is included in the Mental Health figures and the percentage is calculated as a percentage of that number.

<sup>\*\*</sup> Represents the percentages of the respective level out of the total population as of 8/31/2021 (15,405 excluding YOS)

# **Behavioral Health Treatment in DOC How We Meet Behavioral Health Needs**

#### **Behavioral Health Treatment**

- Mental Health
- Psychiatric
- Sex Offender Treatment and Monitoring Program (SOTMP)
- Substance Use Disorder Treatment
  - Outpatient
  - Therapeutic Community
  - Medication Assisted Treatment





## Medication Assisted Treatment (MAT)

Purpose: provide continuity of care for individuals with opioid use disorder between the institutional settings and/or community based treatment in order to mitigate the illness and suffering surrounding the acute withdrawal of individuals with opioid use disorder and facilitate the long term treatment and recovery of individuals upon release.

	Male	Female	Total
Need for Medication Assisted Treatment (MAT) in Prison	1,432	430	1,862



## Medication Assisted Treatment

#### MAT Intake MAT Program On-going Care Medications for the SUD assessment Continue MAT treatment of Opioid completed at intake Initiation for MOUD Treatment referral Use Disorder (MOUD) Voluntary MAT specific SAMSHA Grant through based on needs level Treatment groups SUD Treatment based OBH Verify prescriptions Coordination with **Opioid Treatment** on need Provider (OTP) Status Denver Addiction, Research and MAT Administrator Partnership with the **Treatment Services PEW Charitable Trust** (ARTS)



# Community Transition & Continuity of Care

BH In-reach	Benefits Acquisition	Re-entry Services
<ul> <li>Coordination between         Parole MH Clinicians,         facility Case         Management and         parole.</li> <li>Identify community         treatment provider</li> <li>Intake session occurs         via tele-health, during         incarceration</li> </ul>	<ul> <li>Coordination with         Parole TCCM's     </li> <li>TCCM treatment         referral</li> <li>Nurse Case Managers         process Medicaid         applications</li> <li>BAT assists in         obtaining disability         resources</li> </ul>	<ul> <li>CRES &amp; JD-VI-SPDAT</li> <li>Transportation</li> <li>Identification documents</li> <li>In-reach with DOLA community partners</li> <li>VOA In-reach</li> <li>Coordination with RAE's - physical health</li> <li>Vivtrol</li> </ul>

# Where Are The Gaps & What Are The Solutions

#### **Inside DOC**

- Treatment Providers
- Telehealth Capabilities
- MAT Infrastructure
- In-reach

#### **Community Transition**

- Housing: 1,400 without permanent residence
  - Rapid Re-housing
  - Long-term care
  - Sober Living
  - Bridge housing
- Partnership with Community





# Questions